

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO. 0912761248 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.
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TOTAL IND.	4	1				
TOTAL DEP.	18					
TOTAL CLAIMS	22					

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